

CANCER**CANCER—Clinical Outcomes Studies****PCN1****AN ASSESSMENT OF THE UPDATED RESULTS FROM THE ARIMIDEX, TAMOXIFEN, ALONE OR IN COMBINATION (ATAC) TRIAL: AN EVIDENCE-BASED MEDICINE APPROACH**Edwards SJ

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OBJECTIVE: To assess the main outcomes from the updated results of the Arimidex, Tamoxifen, Alone, or in Combination (ATAC) trial as benefits or harms using numbers needed to treat (NNT) and numbers needed to harm (NNH). **METHODS:** The ATAC trial is a randomised, double blind, clinical trial being conducted in 381 centres in 21 countries involving 9366 patients. ATAC compares anastrozole 1 mg, alone or in combination with tamoxifen 20 mg, relative to tamoxifen 20 mg alone as 5-year adjuvant treatment for postmenopausal women with early breast cancer. The primary analysis was performed when the required number of events had occurred, at a median of 33.3 months. A subsequent intention-to-treat analysis has been conducted at 47-months and this data was used as the basis for the calculation of NNTs and NNHs. **RESULTS:** In terms of benefits, the NNT for anastrozole compared to tamoxifen to have one additional patient disease-free at 4 years is 35 (hormone-receptor positive subgroup) or 42 (overall population). Similarly the NNT for anastrozole compared to tamoxifen to prevent one additional patient experiencing a first-event at 4 years is 46 (hormone-receptor positive subgroup) or 52 (overall population). In terms of harm, the NNH for tamoxifen compared to anastrozole to cause one additional thromboembolic event at 4 years is 65. Conversely, the NNH for anastrozole compared to tamoxifen to cause one additional fracture at 4 years is 38. **CONCLUSIONS:** The available data from the ATAC trial demonstrates significant benefits for patients treated with anastrozole rather than tamoxifen. Anastrozole and tamoxifen have different side-effect profiles and these should be taken into consideration when assessing the risk profile of individual patients.

PCN2**BREAST CANCER PATIENTS' USE OF HEALTH CARE INFORMATION IN DECISION-MAKING AND IN COPING WITH ILLNESS: RESULTS OF A QUALITATIVE STUDY**Swaney J, Longo DR, Radina ME

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OBJECTIVE: Due to advances in treatment, breast cancer patients, who constitute the largest group of cancer sur-

vivors, face complex treatment options and are among the most active health care consumers. This study determines how breast cancer patients access and use health care information to make treatment decisions. **METHODS:** A qualitative study using in-depth interviews with a cross-section of patients recruited from oncology clinics and a breast cancer support group. Interviews were audio taped and transcribed. **RESULTS:** Theoretical saturation was achieved following interviews with 20 patients. The mean age was 49.1 years and median time since diagnosis was 20 months. Thirteen (65%) patients were educated beyond high school and all were white. Two patients were pre-op, 10 were post-op and receiving active therapy, 4 were post-up under surveillance, and 4 in relapse. Seventeen patients (85%) sought information outside of that provided by the treatment team, 2 (10%) did not seek outside information but used that provided by friends or family, and 1 (5%) did not seek or use outside information. The Internet was the most frequently cited information source (N = 14, 70%) followed by books, magazines, friends and family, television, and newspapers. Patients actively sought information while in all phases of care, including survivorship, but the type of information they sought varied across phases. Most relied heavily on their physician's advice in making treatment decisions and sought outside information as a means of coping with illness rather than in decision-making. **CONCLUSIONS:** Breast cancer patients frequently seek outside information, often from the Internet, and use this information primarily to cope with illness rather than to make treatment decisions. Therefore, in order to ensure patient-centered care, it is important to learn more about the information needs of women at various stages of treatment and survivorship to provide appropriate and meaning health information for this population.

PCN3**EXPERT PANEL DEPICTION OF CLINICAL PRACTICE IN THE TREATMENT OF BREAST CANCER PATIENTS IN GREECE**Pangali M¹, Karokis A², Gennatas K³, Makrantonakis P⁴, Markopoulos C⁵, Pateras C⁶, Polychronis A⁷, Rigatos G⁸, Vasilios Skarlos D⁹

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OBJECTIVES: To depict current clinical practice in the treatment of local, locally advanced and metastatic (stages I/II, III, and IV respectively) Breast Cancer in Greece. **METHODS:** A group of 7 Breast Cancer experts gave information about current therapeutic approaches and their frequency of usage in the treatment of breast cancer patients. Data were derived from retrospective